

Introduction: Biobrane is a burn wound dressing, engineered as a synthetic bilayer skin substitute. Once the dressing firmly adheres to the wound through blood/sera clotting in its nylon matrix, epithelialisation occurs. After debridement, Biobrane is frequently applied to superficial/partial thickness burns in children.

Aims: To study average length of hospitalisation of Biobrane-treated children in Nottingham; the rate of infections arising and length of time for complete wound healing. Earlier paediatric studies in the use of Biobrane were compared with this audit.

Method: Retrospective case-note and computer data (NoTis) audit, 2009 – 2010, of under-16s hospitalised with burns, where Biobrane was used as part of their management.

Results: 33 such patients presented with burns, varying from <5% – 20% total body surface area (TBSA) and had Biobrane applied within 48 hours of injury.

Median hospital stay was 3.5 days. Only 1 patient showed wound infection. Wound healing data was highly variable, mainly dependent on TBSA.

Discussion and Conclusion: We achieved lower infection rates than quoted in the literature, but generally our results were congruent with studies over the past 10 years, where Biobrane has been shown to reduce hospitalisation, infection rates and healing times compared with more traditional treatments.

0890 RISK STRATIFICATION FOR SUSPECTED COMMON BILE DUCT STONES PRIOR TO SELECTIVE MRCP

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Aim: MRCP is the investigation of choice for non-invasive evaluation of Common Bile Duct Stones (CBDS). This study evaluates investigations for risk stratification of suspected CBDS prior to selective MRCP.

Methods: All MRCPs for suspected CBDS prior to laparoscopic cholecystectomy were identified at two teaching hospitals from April 2005 – September 2009. Liver Function Tests (LFTs), Ultrasound (USS) findings, Magnetic resonance Cholangiopancreatography (MRCP) and timing of investigations analyzed.

Results: 385 patients were identified. All patients had both LFTs and USS prior to MRCP. Eighty eight (22.8%) studies showed CBDS. Sensitivity of abnormal LFTs and dilated ducts (DD) on USS for ductal stones on MRCP was 42%. Specificity of abnormal LFTs and DD on USS for ductal stones on MRCP was 99.75%. Normal LFTs and normal USS (1/88) 0.25% chance of CBDS. Normal LFTs and DD on USS (6/25) 24% chance of CBDS. Abnormal LFTs and normal USS (31/209) 14.8% chance of CBDS. Abnormal LFTs and DD on USS (50/120) 42% chance of CBDS.

Conclusion: MRCP is an expensive investigation and selective risk stratification of patients prior to MRCP may prevent unnecessary investigation.

0891 ACCURACY OF FINE NEEDLE ASPIRATION CYTOLOGY IN HEAD AND NECK LUMPS

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Objectives: To assess the accuracy of fine needle aspiration cytology at a UK district general hospital

Methods: All head and neck cases operated by a dedicated head and neck consultant between January 2007 and January 2009 were reviewed by analysing the fine needle aspiration cytology (FNAC) and histology results before and after surgery. 103 cases were identified which included samples from 35 neck nodes, 29 thyroids, 26 parotids, 7 submandibular, 4 branchial cysts and 2 neck dissections.

Results: FNAC and histology results before and after surgery were compared and revealed an accuracy of 60% for thyroids, 68% for parotids and 46.7% for neck nodes. The overall accuracy was 59.9%. These results are well below the results quoted in the literature which have an accuracy of 79% for thyroids and 94% for parotids.

Conclusion: The accuracy of reporting these head and neck cytology results is not as high as figures reported in the literature. The authors of this audit propose that a dedicated head and neck cytopathologist is

required to analyse all FNAC results and a standardised technique for sample collection needs to be adopted.

0894 ARE THERE GENDER DIFFERENCES IN GENERAL SURGICAL OPERATIVE EXPERIENCE?

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Aim: To examine male and female general surgical trainees' operative experience by analysing surgical logbooks.

Method: The Intercollegiate Surgical Curriculum Project (ISCP) logbook data was examined retrospectively from August 2009 to February 2010. The proportion of operative procedures recorded as performed (P), supervised with trainer scrubbed (STS), supervised with trainer unscrubbed (STU), or assisted (A) was analysed according to trainee gender and seniority. Statistical analysis used the Pearson Chi-square test (SPSS 16).

Results: 718 general surgical trainees (486 male, 232 female) performed 79492 operations during the study period. Males listed more operations "P" compared to females (30.7% v 28.8%) who described proportionally more as "A", "STS" and "STU" (35.4% v 34%, 27.7% v 24.3% and 7.5% v 6.9% respectively). There was a significant association between operative experience and both gender (p<0.005) and seniority (p<0.005).

Conclusion: Gender differences in supervision levels may have a number of explanations including differences in description of each category of supervision for which there is paucity of guidance in the logbook. Operating supervised is the ideal standard of training. If male trainees are indeed more likely to be left to operate unsupervised, they may be suffering a discrepancy in quality of training by gender.

0895 EXAMINATION UNDER ANAESTHESIA OF POST-NASAL SPACE +/- ADENOIDECTOMY IN CHILDREN

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Introduction: Adenoid size in children has a significant relation to nasal obstruction. This audit aims to evaluate necessity of 'Examination under anaesthesia of Post-Nasal Space +/- adenoidectomy' as a procedure in children and to make a business case to use paediatric nasoendoscope as an alternate.

Method: Prospective audit of Paediatric patients listed in 2 years. Patients with history of blocked nose, mouth breathing, and snoring were included. Patients suspected of sleep apnoea and those listed for adenotonsillectomy were excluded.

Results: The study had 39 patients (17 males, 22 females). Only 54% (21/39) of the patients had adenoidectomy. The other 46% (18/39) of the patients showed no abnormalities and their adenoids were not enlarged. About half (18) of the patients in study were in 4 to 8 years group and two third (15) of the adenoidectomy were performed in this group.

Conclusion: Children were subjected to unnecessary surgical and anesthetic risks as only half of patients had adenoidectomy with adenoids as possible cause for nasal blockage. The procedure could be avoided if paediatric nasoendoscopes are available in the outpatient clinic to assess the post nasal space as it is safe for use in children and well tolerated.

0896 ENT OPERATIONS ARE OVER-REPRESENTED IN "LOW VALUE PROCEDURE" WAITING LISTS: AN AUDIT, WITH IMPLICATIONS FOR OUR CLINIC LETTERS

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Background: Several interventions not normally funded, or "low value procedures" (LVP) are specified by the North West London Commissioning

Partnership in their contracts with secondary care providers.

Aims: To establish the number of ENT procedures affected, and to compare local access to these procedures with SIGN and NICE guidance. Objectives: To determine numbers of patients listed for tonsillectomy, grommets, pinnaplasty or rhinoplasty, and the proportion in which exceptional funding was granted, with reference to local and national guidelines.

Methods: Retrospective data collected from admissions databases, theatre lists and clinic letters was analysed for six months from August 2010.

Results: Only 4 of the 38 LVPs are ENT procedures, but these comprised 27% (160/601) of ENT procedures, and 70% of all LVPs in the Trust. Some 28% (44 patients) did not receive their procedures, either due to funding refusal, or due to an arbitrary cut-off date being reached whilst awaiting funding.

Conclusion: The funding process for "low value procedures" needs to be amended to minimise inequalities in access, in particular for ENT procedures. We must ensure our correspondence explicitly highlights where patients meet national guidelines for exceptional funding. Re-audit at three months is planned.

0897 DAY CASE UNIT OUTCOMES

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Aims: Fiscal constraints require the NHS to work cost-effectively whilst providing safe patient outcomes and care. Free standing day case units have an overnight stay rate of 2.4%. We audited our overnight stay rates in order to identify ways of improving the efficiency of our service.

Methods: All patients undergoing day case surgery for the major surgical specialities from January 2009 to June 2009 were identified from the day case departments admission lists. Rates of overnight stay and reasons for this were then audited.

Results: We identified 3128 day cases; 306 (9.8%) cases were unplanned overnight stays. 185 (60.5%) notes were available for review, median age 58years (range 44–68). 71 (38.3%) cases were predictable overnight stays and 111 (62.7%) were due to surgical reasons, mainly routine post-operative care instructions from the surgeon.

Conclusion: Our unit's rate lies within the limits published for day case units which utilise inpatient theatres (2–14%). However, results suggest that better pre-operative selection of patients for daycase lists would improve our unit's overnight stay rates and overall efficiency of the service. Improved case selection would prevent the frequent cancellation of elective procedures due to bed shortages.

0899 WHAT PATHOLOGIES ARE ADMITTED ON THE 'GENERAL SURGICAL TAKE' AND WHO WILL MANAGE THESE PATIENTS?

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Aims: There has been a trend towards sub-specialisation for elective surgery over the past ten years. This paper looks at non-elective admissions to a 'general surgical take' over this period of time.

Methods: Prospective data relating to non-elective admissions, under the care of a single consultant general surgeon, was collected from 1 January 2000 – 31 December 2009. This included recording the sub-speciality pathology for each patient, along the lines of the ISCP logbook.

Results: 4266 patients were admitted during the 10 year period; general (45%), colorectal (13%), HPB/UGI (13%), paediatrics (11%), urology (9.7%), vascular (4.4%), gynaecology (2%), breast (1%). Over the study period, the proportion of urological cases admitted rose from 2% to 19% whilst the percentage of vascular cases fell from 9% to zero, the latter coinciding with the introduction of a specialist vascular rota. There was little change in the proportion of admissions with regard to the other sub-speciality pathologies.

Conclusions: Despite the evolution of elective sub-speciality surgery, non-elective admissions continue to cover a broad range of pathologies. The non-elective (on call) surgeon needs to maintain a breadth of knowledge and skill to manage these patients.

0902 PRE-OPERATIVE STAGING OF THE AXILLA IN BREAST CANCER – AN ACCURATE APPROACH THAT SAVES TIME AND RESOURCES?

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Introduction: Pilot studies have suggested that a combined technique of ultrasonography (US) and fine needle aspiration cytology (FNAC) is useful in detecting axillary lymph node metastasis in breast cancer patients.

Aims: Assess the accuracy of this approach; assess how often sentinel lymph node mapping could be avoided; estimate the cost saving

Methods: Between February 2008 and November 2010, 385 newly diagnosed breast cancer patients underwent axillary US examination. FNAC was carried out if suspicious lymph nodes were detected on US. Patients proceeded to sentinel lymph node mapping if they had a normal US or a negative FNAC. Patients with a positive FNAC proceeded to have a level two axillary node clearance.

Results: Axillary ultrasound examination revealed 112 axillae with suspicious features. Subsequent FNAC was positive for malignant cells in 79 of the 112 axillae. Sentinel lymph node mapping was thus spared in 79 patients which represents 20.6% of the total eligible population in the study. The sensitivity and specificity of combined ultrasound and FNAC was 89% and 99% respectively.

Conclusions: The combination of US and FNAC is an accurate method of assessing the axilla for metastatic breast disease and avoiding unnecessary sentinel lymph node mapping, saving time and resources.

0907 VARIATION OF RATES, ACCURACY OF CLINICAL CODING AND PREDICTIVE VALUE OF INFLAMMATORY MARKERS FOR REMOVAL OF A NORMAL APPENDIX IN 1210 APPENDICECTOMIES

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Aims: To study the rates of surgery, accuracy of clinical coding and diagnostic efficacy of inflammatory markers for removal of a normal appendix.

Methods: Retrospective review of all emergency appendicectomy patients over a 5-year period. Pathology reports were gold standard for diagnosis. Clinical coding lists were obtained for comparison. Inflammatory markers (WCC and CRP) were taken at highest pre-operative levels.

Results: Appendicectomy was performed in 1210 patients. Normal rates were higher in females (31% versus 18% in males, $p < 0.001$). There was no significant difference in normal rates between adults and children. There was moderate agreement between histology and clinical coding (Kappa 0.421). Increasing WCC and CRP significantly increased likelihood of appendicitis (versus normal) and complex appendicitis (versus simple appendicitis) for all genders and ages (all $p \leq 0.001$).

Conclusions: Normal appendicectomy rates were stable in males, but variable and higher in females. Age is not as important as gender in determining normal rates. Clinical coding for normal appendicectomy is unreliable so national analyses based on such data should be guarded. Inflammatory markers are useful for supporting a diagnosis of appendicitis and differentiating complex appendicitis. Contrary to existing literature, if neither inflammatory marker was raised, appendicitis could not be ruled out.

0910 RE-EXCISION RATE FOR BREAST CONSERVING SURGERY (BCS): A RETROSPECTIVE STUDY

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Introduction: BCS is one of the most performed operations nowadays, especially with the increased number of early breast cancer detected with screening program. Different studies have shown different rates of re-excision associated with this operation. This study has shown the re-excision rate in the breast unit of a teaching hospital with some risk factors contributing to this rate.

Method: Retrospective review of 273 patients' data for those underwent BCS in 2007. SPSS software is used for data analyses.